

Testimony before the Health Subcommittee of the Appropriations Committee – 3/6/15
in opposition to proposed cuts to School-Based Health Centers

Submitted by Richard Calvert, Chief Executive Officer
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Sen. Bye, Rep. Walker, Sen. Gerratana, Rep. Dillon, Members of the Health Subcommittee:

My name is Rick Calvert, CEO for Child & Family Agency of Southeastern Connecticut, which operates 18 School-Based Health Centers in five communities throughout New London County. I am here to testify in opposition to the proposed cuts to School-Based Health Center funding.

While we all recognize that dealing with the currently projected State budget deficit presents an immense challenge, the impact of dismantling a significant percentage of the State's School-Based Health Center (SBHC) service capacity will be devastating. With SBHCs perennially playing a critical role in identifying, serving and treating our most at-risk youth through integrated, barrier-free medical and behavioral health services, and with the *Sandy Hook Advisory Commission's* and the *Connecticut Children's Behavioral Health Plan* recommendations making clear the critical role of School-Based Health Centers, there has to be a way to balance the budget without doing harm to this core piece of the safety net.

As just one of CT's SBHC providers, Child and Family Agency's calculation is that, if the legislature were to approve the Governor's budget proposal as is, our SBHCs will lose over \$350,000 per year in grant funding by the second year of the biennium (SFY 2017) (the two years of proposed cuts on top of January's 5% rescission) – nearly 14% of our funding. When translated into the resulting loss of positions who produce billable sessions (Nurse Practitioners and mental health clinicians), Child and Family Agency will be down an additional \$140,000+ in billable income. The resulting total is a \$490,000 + cut to Child and Family Agency's annual SBHC funding (roughly 19% of our pre-rescission SBHC annual budget), not including whatever the impact of proposed reductions in Medicaid spending may turn out to be for these services.

The pre-rescission, pre-cut level of subsidy grant funding combined with Medicaid reimbursement does not meet the cost of service delivery, done more inexpensively and effectively by private non-profits than any other sector. Cuts to any piece of this funding "pie" will only make this worse, and we will have missed an opportunity to move forwards rather than backwards.

Expressed in terms of lost school-based services, the proposed cuts would mean over 3100 fewer direct medical and mental health service encounters from Child and Family Agency's current average of over 22,000 visits per year. Taken to scale, School-Based Health Centers statewide will end up providing nearly 25,000 fewer service visits from their current annual collective total of over 130,000 visits. As examples,

- some of these lost visits will mean that students who need State-mandated school entry physicals will sit at home or on the streets waiting for an appointment, rather than being seen immediately so they can attend school;
- other lost visits will mean that a student with asthma or other condition that could have been treated during the school day may now go into an acute medical crisis and need to be seen in the Emergency Department, costly in terms of missed class time and medical expenses; and
- some of the students who are in need of mental health supports will now sit on a waiting list rather than being seen before problems worsen.

Expressed in terms of staffing, the proposed cuts will mean the loss for Child and Family Agency of 3 Nurse Practitioners and 3 Masters-level mental health clinicians (or some equivalent combination of reductions in provider staffing). The devastating effect will last for many years since, even if the economy improves soon, reassembling well-qualified staff with Connecticut's chronic professional labor force shortage will not happen quickly, especially since our salaries have been held close to flat since 2008.

Our shared vision of strengthening the children's safety net is critical, and the dozens of individuals who put in months of hard work developing the *Sandy Hook Advisory Commission* report and the *Connecticut Children's Behavioral Health Plan* recommendations are to be commended. As challenging as the State budget currently is, it is vital that this good work be carried forward with equally commendable implementation.

In addition, we have a shared obligation – legislators, State agency heads, and providers alike – to keep front and center an awareness that one of Connecticut's other priorities – to reduce the numbers of our children who are placed in residential treatment – depends on a strong outpatient mental health network – School-Based Health Centers and Child Guidance/Enhanced Care Clinics, often linked together, as the least restrictive and least expensive level in the continuum of care. One simply cannot hobble a major segment of that bottom safety net, the School-Based Health Centers, without having the overall system and its goals unravel and lose ground.

Footnotes/Additional background information:

The *Sandy Hook Advisory Commission's* final report and recommendations, striking when considered alongside the currently proposed cuts, include

- *To promote true wellness, Connecticut must build a mental health system that targets detection and treatment while building stronger, resilient communities of care.*
- *Providers should be incentivized through reimbursement mechanisms to integrate both physical and mental health services [a hallmark of School-Based Health Centers].*
- *Many of our students and their families live under persistent and pervasive stress that interferes with learning and complicates the educational process. There are many potential resources such as school based health centers [underline added] that should provide a locus of preventive care, including screenings and referrals for developmental and behavioral difficulties, exposure to toxic stress, and other risk factors, as well as treatment offerings that can address crisis, grief and other stressors. Alternatively, schools can employ the services of community-based mental health providers such as child guidance clinics.*
- *Inadequate reimbursement rates combined with high utilization rates have rendered these many behavioral health clinics financially unsustainable.*

The *Connecticut Children's Behavioral Health Plan*, which was specifically endorsed by the Sandy Hook Advisory Commission, makes similarly clear recommendations, which support PA 13-178's identified "strategies that can be broadly characterized as promoting access to a comprehensive continuum of mental health services", including:

- *Offering comprehensive array of services*
- *Improving the integration of school- and community-based mental health services."*